

Low Vision Symposium to focus at state-level

As a primary care optometrist treating a patient with vision loss, have you ever wondered what the next step should be?

Even when you have performed a comprehensive low vision examination, determined the needs of the patient and provided the best correction, magnification strategies, and addressed lighting requirements, the patient may still report unexpected difficulties with everyday activities.



You begin to realize that some factor in the patient's home routine or environment must be addressed, but it cannot be determined in the office setting, alone. Do you wish you had a better way

of addressing that piece of this clinical puzzle?

This scenario and related topics will be highlighted interactively at a symposium during Optometry's Meeting™ in Dallas, TX.

"Integration of Vision Rehabilitation in Low Vision Practice," is dedicated to the NEI's National Eye Health Education Program theme for 2005, "Promoting Independence through Low Vision

see Low Vision, page 10

EHRs pose administrative, cost, privacy issues, AOA tells panel

Despite the potential benefits offered by an electronic health records (EHR) system proposed by the federal government, an AOA spokesperson told a key advisory panel on the project last month there are concerns that need to be addressed before such a system is implemented.

Benefits could include improved patient care at reduced cost, better communication among health care providers, and faster third-party reimbursement through improved coding and billing.

But optometrists and other health care providers have concerns about the potential for significant administra-

tive burdens, training requirements, costs, and threats to patient privacy that could be associated with EHRs.

Highland, CA optometrist and practicing attorney Pamela Miller, O.D., J.D., shared those concerns in testimony before the National Committee on Vital and Health Statistics' (NCVHS) Subcommittee on Privacy & Confidentiality, last month.

Dr. Miller testified on AOA's behalf during a March 30 public hearing in Chicago on privacy and security issues raised by the proposed new electronic health records system. She called for new laws spelling out specific rules for safeguarding EHRs, as well as the rest of the nation's health information network, and requiring "the highest, most sophisticated security access standards" for the records.

Those laws should set down harsh penal-

ties for intentionally breaching EHR security for criminal purposes, she said. They also should be compatible with provisions of the Health Insurance Portability and Accountability Act (HIPAA).

However, Dr. Miller also used the hearings to air concerns over the problems the new electronic health records systems could mean for health practitioners in small offices — many of whom are not well versed on computer technology.

Those problems could include:

- ❖ Substantial disruption in practice operations as the new system is implemented — and again periodically as it is updated;
- ❖ The need for significant initial and on-going education for practitioners and staff on using

see Records, page 12

Inside

Wallingford, his health stabilized, prepares for year as AOA president

Richard L. Wallingford, O.D., the president-elect of AOA is having quite a year. Not only is he preparing for his presidency of the association, but he is also battling cancer.

Dr. Wallingford was diagnosed with multiple myeloma, a form of blood cancer, in December 2000. At that point, the disease was "smoldering" or Stage One. For the first three years, he received monthly intravenous treatments to strengthen

his bone marrow and he was involved in a Phase 2 FDA vaccine trial.

The disease remained "smoldering" and stable until April 2004, when the genetic profile of the disease changed. It went from a single genetic defect, on chromosome 11, to three genetic defects with involvement of chromosome 13, the more aggressive form of the disease.

That is when the experts at the Myeloma

see Wallingford, page 4

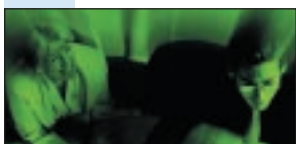
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The Sixth Floor Museum at Dealey Plaza, located in the former Texas Schoolbook Depository at the corner of Elm and Houston streets, is an educational exhibit and memorial to President John F. Kennedy. For information on Dallas and Optometry's Meeting™ see pages 10 and 11. (Dallas Convention & Visitors Bureau)

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Pittman to take office of immediate past president

Wesley E. Pittman, O.D., will assume the AOA office of immediate past president at the 2005 Optometry's Meeting™ in Dallas.

First elected to the AOA Board of Trustees in 1996 and re-elected in 1998, Dr. Pittman has held a variety of volunteer appointments within the association.

This year, in addition to his duties as president, he served as a member of the International Affairs Committee, the PR Advisory Committee, and the governing

board of the World Council of Optometry.

Last year, he was president of the American Optometric Institute and vice president of the VISION USA Board, and was the liaison-trustee to the American Academy of Optometry.

Dr. Pittman has also served on the board of the Foundation for Education and Research in Vision and is a past president of the Heart of Texas Optometric Association. He has also served on the board of the Southwest Council of Optometry and is a

member of the Texas Optometric Association Legal and Legislative Committee.

Dr. Pittman is a graduate of Texas Tech University and the University of Houston College of Optometry.

In 1989, he was named the Texas Young Optometrist of the Year; and in 1996, he received the Texas Optometric Association's President's Award for outstanding contributions to the profession of optometry. He was named Texas Optometrist of the Year in 1998.



Wesley E. Pittman, O.D.

HIPAA Security Rule takes effect April 20

The Health Insurance Portability and Accountability Act (HIPAA) Security Regulation—which requires optometrists and other health care providers to take appropriate measures to protect against reasonably anticipatable threats to the electronic protected health information (ePHI) in their practices—takes effect April 20.

The AOA Office of Counsel believes most health practices will find compliance with the HIPAA Security Regulation much simpler and easier than compliance with the HIPAA Privacy Regulation which took effect two years ago.

The security regulation covers only the protection of electronic health information. The privacy rule covers health information maintained on paper or in any other form.

In many cases, compliance with the HIPAA Security Regulation will often be a matter of documenting common-sense measures—such as computer virus protection and routine backup of electronic practice records—that many practices are already taking, the AOA Office of Counsel notes.

However, health care practitioners should take compliance with the HIPAA security regulation seriously, Judith DuChateau, J.D.,

AOA associate counsel, emphasized.

The HIPAA Security Regulation compliance deadline comes as computer security has become a high-profile national issue and health care institutions are increasingly becoming the targets of hacker attacks and identity thieves (see "AOA manual helps OD secure data," AOA News, March 14).

While enforcement of the HIPAA Security Regulation will be complaint driven, according to the U.S. Centers for Medicare and Medicaid Services (CMS), the agency has the power to levy potentially serious

See Security, page 17

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Wallingford, from page 1

Institute for Research and Therapy in Little Rock, AR, recommended a more aggressive treatment plan.

So starting in July 2004, Dr. Wallingford has been through six rounds of chemotherapy and two stem cell transplants. The stem cell transplants, technically known as "autologous hematopoietic stem cell transplants," involve a very high dose of chemotherapy followed by a transfusion of his own stem cells to stimulate bone marrow production of white blood cells, red blood cells,

and platelets.

Despite the aggressive treatment, Dr. Wallingford has maintained a full schedule of AOA volunteer work. He held his presidential planning meeting in October in Rockland ME, where the Board set the goals and objectives for the coming year.

He attended the Board meetings in August, January, and March, as well as five other meetings, and has the agenda and his team of volunteers selected for the upcoming Spring Planning Meeting this month.

Dr. Wallingford has missed one board meeting, his first ever, but feels he will be ready when he becomes president at Optometry's Meeting™ in June.

Dr. Wallingford was elected to the American Optometric Association Board of Trustees in June 1998, and re-elected in June 2001. He is a past president of the Maine Optometric Association and the

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Mike Daley, president of Essilor Lenses, meets with AOA President-elect Richard Wallingford, O.D., at International Vision Expo East last month.

Maine Board of Optometry. He currently serves on the Board of Trustees of The New England College of Optometry.

He is a graduate of the University of Maine at Orono and The New England College of Optometry.

He resides in Rockwood, ME, with his wife Elaine.

They have three adult children, Richard III, M.D. a family physician and currently a third-year resident at Harvard Medical School in Psychiatry; Denise, a special education teacher in Northboro MA, with a Masters Degree from Boston College, and Tiffany, a graduate student at California-Polytechnic majoring in biology.

With chemotherapy and transplants behind him, this coming year will only involve regular intravenous treatments with a new drug called Velcade.

"My strength is increasing, and I'm starting to feel more like myself all the time," Dr.

Wallingford said.

"It has been an ordeal and certainly not a pleasant experience, but I have faith and hope that the treatment has served its purpose," he said.

Dr. Wallingford said, "The good news is that the doctors, in January, have officially diagnosed the multiple myeloma as being in remission and observed that the genetic profile has dramatically improved."

While there have been some rumors or conjecture in the profession regarding Dr. Wallingford's condition, he assures AOA members he is ready to assume the role of AOA president in Dallas at Optometry's Meeting™.

"Compared to what I've been through as President-elect, I should be ready to face any challenge," he said.

Those wishing to send Dr. Wallingford support may do so at P.O. Box 159, Rockwood, ME 04478 or e-mail him at RLWallingford@aoa.org.

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CMS moves toward National Provider ID launch

The Centers for Medicare & Medicaid Services (CMS) this month announced what the agency said was an important step toward a major program that will provide health care providers with a unique health care provider identification (NPI).

CMS April 5 announced the selection of Fox Systems, Inc. as the contractor to perform the support operations for the project.

As "enumerator" for the NPI project, Fox will process applications from health care providers and operate a help desk to assist health care providers in obtaining the standard identifiers, CMS said.

The assignment of NPIs to health care providers will begin later this year, according to the agency.

Further information on how health care

providers can contact Fox for an NPI will be announced as the project implementation date approaches.

The standard unique identifier for health care providers is mandated by the Health Insurance Portability and Accountability Act

the latest step in implementing the HIPAA's Administrative Simplification provisions.

The Secretary of Health and Human Services has already adopted standards for electronic transactions and code sets, the

apply for NPIs at this time."

However, when the new NPI system begins accepting applications, practitioners "will be urged to apply," the agency said.

The NPI will be required on standard transactions with most health plans no later than May 23, 2007.

Small plans will have a little longer to implement NPIs.

However, health care providers should not begin using the NPI until health plans have issued specific instructions to do so, the CMS said.

Fox Systems provides consulting services to county, state and federal agencies.

Information on NPIs can be obtained online at www.cms.hhs.gov/hipaa/hipaa2/regulations/identifiers/default.asp, by calling (866) 282-0659, or AskHIPAA@cms.hhs.gov.

CMS did not indicate when health care providers might be able to start applying for NPIs, only that providers "do not need to take any action to apply for NPIs at this time."

of 1996 (HIPAA) and will eventually become the primary health care provider identifier for the "standard transaction," a standardized electronic billing format also required under HIPAA, according to CMS.

The NPI project is

employer identifier, and the privacy and security of protected health information.

CMS did not indicate when health care providers might be able to start applying for NPIs, only that providers "do not need to take any action to

CDC offering diabetes course

The Centers for Disease Control and Prevention's (CDC) Division of Diabetes Translation (DDT) will offer a five-day course on "Diabetes Public Health and Research."

"I recommend this course for anyone who's interested in diabetes research," said Illinois College of Optometry Professor Dan Roberts, O.D., who attended the course in fall 2003.

"The course puts research into practice. The CDC personnel did a great job delivering the material, making it interesting and informative. Additionally, the course is a great way to network with diabetic clinicians and practitioners from around the world."

The course will be held in Atlanta, GA on October 17-21, 2005, and will provide training in diabetes epidemiology and public health, and applied research (translation, economics, social and behavioral research, community interventions and programs).

The course will foster the creation of a national and international network of collabora-

tors in diabetes translation research and economics.

Participants will be introduced to the standardized measurement(s) of the public health burden of diabetes, and to the rationale, concepts, and methods used in translation research, health economics, social and behavioral research, and community-based interventions and programs.

"The biggest problem with diabetics is getting the patient to do what we think they should," explained Dr. Roberts. "The course delves into what we know about putting diabetes research into practice for our patients."

For information detailing eligibility, course goals, itinerary, and application process, visit <http://www.cdc.gov/diabetes/conferences/short/index.htm>. Please pass this information to eligible colleagues who might be interested in participating in the short course.

For further assistance with your application you may contact John Whitener, O.D., M.P.H., at the AOA Alexandria office at (703) 739-9200.



Glance at the States

Kentucky expands children's vision protections with new law

On March 21, Kentucky Governor Ernie Fletcher (R) signed Senate Bill 19, the Read to Achieve Act of 2005, into law at a ceremony in the capitol rotunda that included school children and educators from across the state.

"The General Assembly hereby finds that reading proficiency is a gateway skill necessary for all of Kentucky's students," reads SB 19. "It is Kentucky's goal that all children learn to read well before exiting the primary program."

SB 19 expands the mandatory children's vision examination law to allow a second comprehensive eye examination for primary school students who are found to be having difficulty reading.

According to the

Kentucky Optometric Association (KOA), any child who is identified with a reading problem will be referred to an OD or ophthalmologist, to be paid for by the state.

"This is proactive legislation that we're very happy with," said KOA President Freddie Mayes, O.D. "Starting off on the right foot in education is important, and our first children's vision bill addressed that. But, sometimes students get problems later, and SB 19 hopes to address the later problems."

Senate Bill 19 was sponsored by Senator Dan Kelly (R-Springfield), a strong advocate of children's vision issues.

"We hope SB 19 means more productivity among students now and in the future as citizens and adults," said Dr.

Mayes. "It allows ODs to be a bigger part of the learning process."

Viewing it as her first initiative, First Lady Glenna Fletcher supported the "Read to Achieve" bill as part of her efforts to improve early childhood education in Kentucky.

"The Read to Achieve initiative has been an important bill for the First Lady and my administration as a whole," Governor Fletcher said. "I am proud of Glenna's persistence on this issue and her continuing work for the children of Kentucky. This bill will help us achieve our goal of adequately educating every child in the Commonwealth."

Senate Bill 19 establishes the Reading Diagnostic and Intervention program to help teachers improve the reading skills of primary students and inter-

vene when students are struggling. The goal is to ensure that all students are reading at or above grade level by the third grade.

"With the signing of this bill, we will increase the hope and opportunity for children who may have fallen through the cracks and never would have been given the opportunity to master those skills which are needed to have a brighter future," said First Lady Fletcher. "If we get the reading right, the rest will fall into place."

Five years ago, Kentucky became the first state in the country to require eye examinations for children prior to entry into preschool, Head Start or kindergarten.

House Bill 706 was signed into law by then-Gov. Paul Patton April 4, 2000 as part of his Early Childhood Initiative.

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Healthy Vision Month tackles low vision

Promoting independence through vision rehabilitation" is the theme for this May's third annual observance of Healthy Vision Month.

Developed by the National Eye Institute (NEI) and the National Eye Health Education Partnership, Healthy Vision Month is a national eye health observance devoted to promoting the vision objectives of the U.S. Department of Health and Human Service's (HHS's) Healthy People 2010 public health agenda.

This year, Healthy People Vision Objective 28-10—increasing access to vision rehabilitation services and technologies for people with vision impairment—will receive special emphasis, according to NEI.

"With the aging of the population, vision loss is becoming a major public health concern in the United States," NEI notes on its Healthy Vision Month Web site. "People with vision loss experience physical, economic, and psychological changes that can diminish their quality of life. Vision rehabilitation

can help people experiencing vision loss make the most of their remaining vision and regain their independence."

AOA, which works to achieve Healthy People 2010's eye- and vision-related objectives through its Healthy Eyes Healthy People program, and the AOA Low Vision Rehabilitation Section both strongly support NEI's emphasis this year on low vision and encourage AOA members to take part in the observance.

"While sight cannot be restored for patients with low vision, their quality of life can be greatly improved. Many low vision services and devices are available to help patients maintain their independence," NEI notes. "This year's Healthy Vision Month observance is intended to help educate people about the benefits of vision rehabilitation services and devices."

To help the public better understand how low vision devices and low vision rehabilitation can help those with low vision conditions continue to lead happy pro-

ductive lives, NEI offers a Community Toolkit with a variety of free educational and promotional materials, including materials designed specifically for health care professionals; patients, family and caregivers for people with vision loss, and literature relating to pediatric vision loss.

"By using these materials, you can implement a community-based activity, large or small, to educate people who have low vision about rehabilitation services and adaptive devices," the Healthy Vision Month Web site explains. The toolkit includes:

- ❖ The Healthy Vision 2010 Community Action Guide which provides broad-based information for community leaders to make vision a health priority and includes tips on how to develop Healthy Vision 2010 activities, establish collaborations, and work with the media.

- ❖ Educating Your Community about Vision Rehabilitation, a handbook for people who want to promote eye health education and vision rehabilitation in their community. It includes suggestions for community-based activities, a newspaper/newsletter article, public service announcements, and a brochure to copy and distribute.

- ❖ A vision rehabilitation PowerPoint® presentation designed to help engage and inform communities about eye health and vision rehabilitation. (Word and Acrobat versions of the presentation also are available.)

- ❖ Healthy Vision Month logo, a high-resolution graphic suitable for including on Web sites and in newspapers, newsletters, and maga-



zines.

- ❖ Sample proclamations which optometrists can provide governors or mayors as a way to encourage them to proclaim May 2005 as Healthy Vision Month in their respective states or cities.

- ❖ Sample event announcements that can be used to inform people and organizations in the community about your Healthy Vision Month event or activity.

- ❖ A sample event invitation which can be used to invite people in the community to a Healthy Vision Month program or event.

- ❖ Sample news release that can be customized with name and contact information and sent to local print and broadcast reporters.

A complete listing of free NEI Healthy Vision Month materials and resources can be found on line at www.healthyvision2010.org/hvm.

Orders for the materials can be placed online or by calling (301) 496-5248 (although some items may be available only on line). Those ordering materials should allow two weeks for delivery. (Rush orders cannot be accommodated.)

For assistance with publication orders, e-mail neipub@aerie.com or call (301) 496-5248.

The AOA Low Vision Rehabilitation Section will be sending a complimentary NEI Healthy Vision Month Toolkit to all section members, along with information highlighting upcoming AOA activities related to low vision rehabilitation. For information, or to join the Section, contact Stephanie Brown, (800) 365-2219, ext. 225, or sdbrown@aoa.org.

Resources for Healthy Vision Month

- ❖ Healthy Vision Month Postcards
- ❖ Healthy Vision Month Public Service Announcements
- ❖ Print ads for promoting Healthy Vision Month 2005. Available in a variety of formats suitable for including in newspapers, newsletters, and magazines.
- ❖ See for Yourself: Vision and Older Adults Program families, and a low vision poster.
- ❖ "There is Hope. There is Help." poster
- ❖ What You Should Know About Low Vision
- ❖ ¡Ojo con su visión! Sepa qué hacer si tiene baja visión (What you need to know about low vision)
- ❖ *Baja Visión: No es su destino* Spanish-language Web site for patients, family members, and caregivers. (www.nei.nih.gov/health/espanol/bajavision/index.asp).
- ❖ Healthy Vision Month Public Service Announcements

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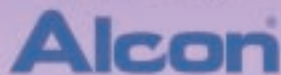
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Exhibitors as of April 4, 2005.

CPC offering all three levels of certification at Optometry's Meeting™

At Optometry's Meeting™, the AOA Commission on Paraoptometric Certification (CPC) is pleased to announce that all three levels (CPO, CPOA, and CPOT) of certification examinations will be offered, including the practical portion of the CPOT on Friday, June 25, 8 a.m. to 12 p.m.

If a paraoptometric is planning to take any of these examinations, an official original application must be completed. It is available only by contacting the CPC at (800) 365-2219, ext. 210, or by downloading it from the AOA Web site www.aoa.org.

When the application and appropriate fee(s) are received by

the CPC, applicants will receive acceptance notification from the CPC. The deadline date for accepting applications and fees for the written examinations is May 13, 2005. This deadline date will be strictly observed.

At least one week prior to the examination date, applicants will receive additional official notification from Professional Testing Corporation advising of further details. Registration on-site or after the deadline date will not be permitted.

The Certified Paraoptometric (CPO) Study Guide will be sent free of charge only to those who register and have been accepted to sit for the CPO Examination. For all other examination

preparatory material, refer to the specific Handbook for Candidates, which outlines suggested reading references. The AOA Paraoptometric Certification program is sponsored by CIBA Vision, A Novartis Company.

Later that same day, 12:30 to 2 p.m., the CPC presents its Certification Luncheon. Those who are certified or just seeking more information on AOA Paraoptometric

Certification are invited.

This annual CPC luncheon is open to Paraoptometric Section Members/Non-Members, and optometrists. Come and listen to a full description of the nationally recognized certification program and why certification is important. Current certified personnel will also be recognized. This is a free event, but you must register for function code 0230.

Correction

Sponsorship for the Contact Lens & Cornea section events were misidentified in the April 4 AOA News. The CLCS Achievement Award, this year granted to Edward Bennett, O.D., is sponsored by Vistakon. The Dr. Donald R. Korb Award for Excellence, this year granted to Ralph P. Stone, Ph.D., is sponsored by CIBA Vision. The Contact Lens and Cornea Section regrets the error.

Low Vision, from page 1

Rehabilitation." (See story, page 7)

Jerry Davidoff, O.D., chair, Pennsylvania Optometric Association Low Vision Committee, is the program coordinator and moderator.

Panelists are Randall Jose, O.D., University of Houston, College of Optometry; Orli Weisser-Pike, OTR/L, American Occupational Therapy Association; Erika Andersen, CLVT, University of Houston, College of Optometry; and Susan Gormezano, O.D., chair, AOA Low Vision Rehabilitation Section (LVRS) and consultant to the Greater Detroit Agency for the Blind and Visually Impaired.

The second annual State Affiliate Low Vision Care Leader Symposium is scheduled for Thursday, June 23, 2005, noon – 3 p.m.

All state affiliate low vision committee chairs are urged to attend, as well as LVRS members who plan to attend Optometry's Meeting™.

As in past years, an information-sharing session will be held.

The symposium will address the ever-evolving topic of collaborative care for the individual with vision impairment.

Ample time for questions and interaction from the attendees is planned. There is no charge for this program and a light lunch will be served.

Advance registration is highly encouraged in order to plan appropriate accommodations.

To register for the symposium or to join the LVRS, please contact Stephanie Brown, (800) 365-2219, ext. 225 or sdbrown@aoa.org.

Proceedings from the

first State Affiliate Low Vision Care Leader Symposium will appear in articles by Joan Stelmack, O.D., MPH, and Dr. Gormezano, in the May 2005 issue of *Optometry*.

Related events

Related Low Vision Rehabilitation Section activities at Optometry's Meeting™ include:

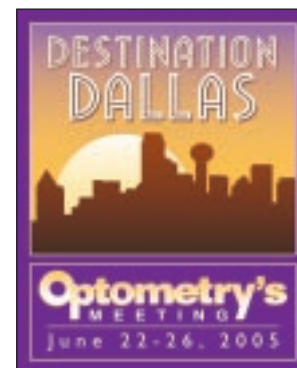
Continuing Education

❖ "Educational Considerations for Children with Visual Impairment"

Dr. Mark Wilkinson
Friday, June 24, 2005,
10 a.m. to noon.

❖ "Utilizing Occupational Therapy in a Low Vision Practice"

Dr. Kendall Krug
Friday, June 24, 2005,
3 p.m. to 5 p.m.



LVRS Annual Business Meeting

Friday, June 24, 2005,
5 p.m. to 6 p.m.
This meeting will include elections for Council positions. The deadline for declaring a candidacy is April 25, 2005.

LVRS Annual Awards Reception

Friday, June 24, 2005,
6 p.m. to 7 p.m.
LVRS sponsors will be honored along with the recipients of the LVRS Distinguished Service and Vision Care awards.

Dallas could be the gateway to Paris, for trip winner

Few cities in the world elicit such emotions as Paris, and once again, to the benefit of conference goers, SILMO is raffling a trip for two to the French capitol at Optometry's Meeting™, June 22 to 26 in Dallas, TX.

Optometrists attending Optometry's Meeting™ can win a trip for two to SILMO to attend the International Optics and Eyewear Exhibition, Oct. 21-24 in Paris, France at the Porte de Versailles Exhibition Center, in southwestern Paris (15th district).

Last year's winner, Marla Husz, O.D., of Tucson, AZ, was thrilled with her Paris trip. "I want to thank SILMO for a wonderful trip," Dr. Husz told AOA News. "It was a big surprise when I won and in fact, I was interrupted in a meeting to be told the great news. I ended up taking two of my sisters and we had an incredible time."

Dr. Husz and her sisters stayed eight days, taking in all the Parisian sights they could.

"It was the first time to Europe for all three of us," she said. "We of course went to the Eiffel Tower and all the major museums. I'd have to say my favorite was the Musée d'Orsay, the impressionist, postimpressionist, and art nouveau museum."

Dr. Husz praised the public transportation system in the City of Lights. "It was very easy to get around with the Metro in Paris," she told AOA News. "I also need to compliment the people of Paris. I didn't speak a word of French, but the people were very kind."

Among other Paris highlights, recommended by *lonelyplanet.com*: Arc de Triomphe, Catacombs des Paris, Cathédrale Notre Dame, Centre Pompidou, Cimetière du Père Lachaise, Musée du Louvre, Place des Vosges, and Sainte Chapelle.

The SILMO trip includes round-trip coach air fare for two to Paris from the major airport nearest the winner's home; five night's double-occupancy at a four-star hotel; ground transportation between the airport and the hotel, and passes to the exhibition.

This offer is open to all licensed optometrists attending Optometry's Meeting™ and residing in the United States. AOA employees are not eligible. All federal, state, and local laws apply.

Entrants should take the SILMO ticket in their registration packet and visit the AOA booth in the Optometry's Meeting™ exhibit hall, exchanging it for a raffle ticket. The winner's name will be drawn on Saturday, June 25.

According to organizers, the 2004 SILMO trade show in Paris was a huge success, going even more international than in years past. At the 2004 event, Visitors from abroad increased 6.8 percent, from 2003, to 20,489 of the 42,759 total.

Organizers also say that the prestige of the 2004 event was enhanced by a private party at the 'Musée des Arts Forains' (Fairground Art Museum) in Paris. Surrounded by the "turn of the century" atmosphere of carousels and fairground stalls,

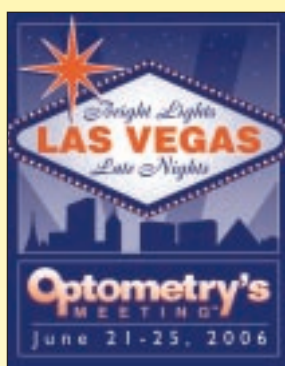
some 2000 guests were enchanted by the friendly conviviality throughout the '10 ans du Grand Prix' 10th Anniversary awards and the dance that followed.

"I would highly recommend entering the SILMO contest at Optometry's Meeting™. In fact, just go in with the attitude you're going to win. A lucky friend shared that advice with me, and with the SILMO Paris trip, it worked," Dr. Husz said.

Dr. Husz poses for a picture on Paris' narrow streets.



Start planning: Call for 2006 Optometry's Meeting™ courses opens in just three weeks



Start planning now to present at the 109th Annual AOA Congress & 36th Annual AOSA Conference: Optometry's Meeting™, June 21-25, 2006, Mandalay Bay Resort & Convention Center, Las Vegas, NV.

The Continuing Education Committee of the American Optometric

Association is pleased to invite submissions of optometric, paraoptometric, and optometric student education courses at the 2006 Optometry's Meeting™ beginning May 9, 2005! Continuing Education courses will be held from Wednesday, June 21 through Sunday, June 25, 2006.

Courses submitted should cover a wide variety of ophthalmic topics. All abstracts must be submitted electronically via online submission by July 29, 2005.

To submit a course, please visit the AOA Web site, www.aoa.org, and click on the "2006 Call for Courses" icon. Inquiries regarding the Call for Courses can be e-mailed to: continuing-ed@aoa.org.

Submissions must be completed by July 29, 2005 for consideration. Notification of selected courses will be e-mailed to all applicants in early Fall.

Records, from page 1

the system; and

❖ The cost of necessary new information processing equipment for the practice.

President George Bush has called for EHRs — secure, real-time, Internet-based patient health information records — to be available for all U.S. residents by 2014.

Advocates say EHRs would make necessary health care information instantly available anytime it might be needed — thereby facilitating care and helping to reduce medical errors.

Patients, who would be able to access their own EHRs, would be encouraged to become active partners in their health care. The EHRs will eventually become the building blocks for a national electronic health information technology system that will facilitate the compilation of health statistics and the tracking of public health problems, proponents say.

This is the second opportunity that AOA has been afforded to provide early input in the joint federal and private development of a health information technology network that features EHRs.

The association submitted formal written comments on Jan. 18, 2005 to David Brailer, M.D., who is the National Coordinator for Health Information Technology for the Department of Health and Human Services.

Last month's testimony, at the invitation of the subcommittee, constituted important recognition for AOA as a stakeholder in the development of the nation's health information technology system and provided the association input on the system at a very high level, the AOA Advocacy Group notes.

Dr. Miller was the only health care practitioner to testify before the subcommittee on behalf of a health care organization, although two additional practitioners, a dentist and a physical therapist, joined her on a health provider panel that presented much of the day's testimony.

Patient Benefits

EHRs have the potential to markedly improve patient care, Dr. Miller told the subcommittee.

"Patients can and should receive improved levels of service and communication between their health

"These are exciting times, but also very daunting and even threatening for the private health care provider."

care providers, resulting in significantly improved treatment at a cost-savings," she said.

The speed of transmission and ease of access offered by electronic records will mean faster, more accurate diagnosis and a greater range of treatment options for patients, she predicted.

Communication among practitioners will be greatly improved, she said. "The professional health care specialist is better able to consult with colleagues, keep everyone informed about the patient's care, and interact with fellow health practitioners to better serve the patient's health needs."

Electronic health records will improve the documentation of health services and thereby make the process of coding those services on claims forms and billing insurance plans faster and more accurate. That will mean faster reim-

bursement, Dr. Miller said.

It will also mean faster authorization for services from third-party plans and also improved coordination of the appeals in those cases in which claims are denied, she said.

Hurdles

However, implementation of the proposed EHR system in the nation's health practices will mean overcoming some substantial hurdles — not the least of which will be training practitioners and their staff to use it.

"Their primary concern is meeting the care and health needs of

their patients. Relatively few doctors currently utilize any form of electronic health records, even in the most rudimentary form," she said.

However, staff resistance could pose the greatest challenge to electronic health records, Dr. Miller noted.

Most optometric practices have one full-time staff person who is responsible for electronic information processing, such as patient authorizations, billings, lab order and stock entries, Dr. Miller said.

In most cases, that staff member is already "stretched to the limit" just keeping up with the current day-to-day data entries, she noted.

The Costs of Conversion

Conversion to EHRs will entail potentially significant "hard and soft" costs for health

care practitioners, Dr. Miller said.

"Realistically, there will need to be access in every examination room, pre-testing station, and every staff desk," she said. "Even in a small office, this is a significant investment."

Less apparent, but still costly, will be the lost productivity experienced by practices during both initial implementation of the EHR system as well as during upgrades to the system.

"Every time the software is upgraded, there is a new learning curve which takes place," Dr. Miller noted.

Other less obvious cost factors associated with EHRs will include increased ongoing computer maintenance, and, greater likelihood that, with the all-electronic offices encouraged under the EHR system, computer malfunctions could completely shut down a practice—resulting in "a significant loss of productivity and inability to see or care for our patients," Dr. Miller observed.

New Privacy Concerns

Patient confidentiality — "sacred and long at the heart of the patient-provider relationship" — will be threatened by all manner of forces — from electronic terrorists, who target large computer networks and infrastructures, to "grudge-holding or mischief-making hackers" who have been unleashing havoc on public and private computer networks with increasing frequency, Dr. Miller noted.

Other threats will include access to EHRs by patients' employers, insurers, or other non-privileged individuals, fraudulent information

see Records, page 21

**Prevent UV associated eye diseases --
and increase sales and profits through**

SUCCESSFUL SUNWEAR DISPENSING

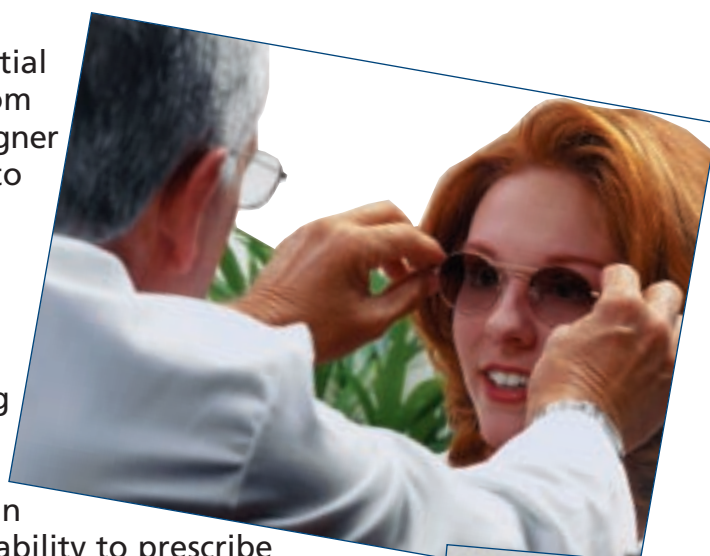
As more and more studies are published on the negative effects of ultraviolet light on eye health, prescribing and dispensing quality sunwear has become a professional responsibility. The American Optometric Association, the Academy of Ophthalmology, the Optician's Association of America and the Environmental Protection Agency all agree that one of the best prevention strategies against UV damage to the eyes is high quality, UV blocking sunwear.

Everybody who is outdoors without protective sunwear is at risk. You'll want to emphasize the importance of UV protection and discuss the elements of quality sunwear with every patient who visits your practice.

Key Strategies For Success

A serious commitment to prescribing and dispensing quality sunwear encompasses these key elements:

- **Critical mass of quality styles:** Your dispensary must appear to have a substantial amount of fun, cool styles and designs from which patients can choose. Prestigious designer and brand name sunwear add credibility to your practice as a "sunwear destination."
- **Doctor/dispenser recommendations:** Your entire staff should be trained and motivated to offer every patient who comes into your practice advice on selecting sunwear to suit their tastes and lifestyles.
- **Prescribing prescription sunwear:** As an eyecare professional, you alone have the ability to prescribe prescription sunwear. Ongoing recommendations should focus on prescription sunwear when the lifestyle, vocation or patient's desires indicate this opportunity.
- **Knowledge of sun lens options:** There is no one sunwear lens that is perfect for all patients. You and your staff should be familiar with all the many lens types, materials, treatments, coatings and color functions that enable you to tailor sunwear to each patient's specific needs.
- **Creation of a professional Sun Center:** Critical to success is establishing a professional "Sun Center" that captures consumer attention with expertly designed signage, counter cards and displays that effectively merchandise your brands.



EDUCATING PATIENTS ON QUALITY

As a vision care professional, you have the edge when it comes to educating patients on the differences in sunwear quality as well as the vital importance of UV protection for every member of the family.

EXPLAINING THE ELEMENTS OF QUALITY

There is a vast difference between 'dime store' sunglasses and better quality sunglasses. Poor quality sunglasses often feature UV coatings that wear off as well as optically incorrect lenses that distort vision. Here are some professional quality points you may wish to discuss with patients:

- **Stress the importance of maximum UV protection.** Discuss the dangers of the sun in terms of UVA and UVB rays and blue light and the fact that not all sunglasses offer maximum protection from the sun.
- **Demonstrate superior comfort and fit.** Discuss better fit and greater comfort as a result of ergonomically designed bridges, superior spring hinges, special temple treatments, silicone nose pads and adjustable nose pad arms.

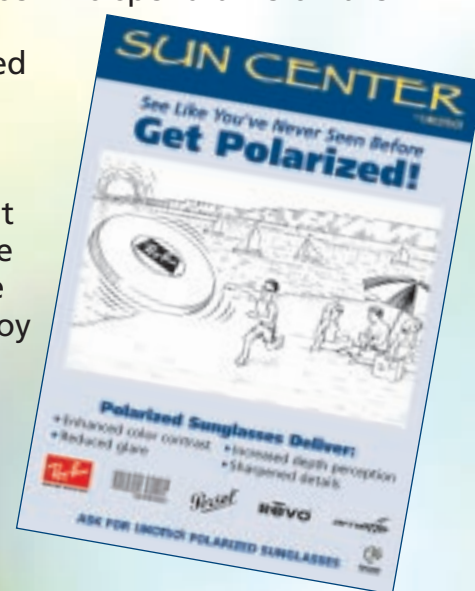
- **Detail the elements of durability.**

Explain the real quality differences between frames such as maintaining color vibrancy and better resistance to tarnishing, corrosion, peeling and chipping.

- **Present special lens options for individual lifestyles.**

Your patients have their own set of sunwear needs based on their lifestyle and hobbies. For those who spend time on the water, you'll want to show the benefits of polarized or AR coated lenses that block glare.

For those who go in and out of doors frequently, you might want to recommend variable tint photochromic lenses that change from lighter to darker in intense sunlight. And for those who enjoy biking or skiing, you'll want to recommend styles and lenses designed to enhance visual acuity, ensure impact resistance and block out harmful UV rays.



ENHANCING PRESCRIPTION SUNWEAR SELECTION

Not only can you assist patients in choosing the most appropriate plano sunwear ... you can use your professional advantage to prescribe prescription sunwear, when appropriate, thus adding even more incremental profits to your practice. You can make eye health cool, fashionable and fun for those who need prescription sunwear by offering a large selection of Rxable plano styles in your practice. Putting one's prescription in what is considered to be "real sunglasses" enhances the likelihood that your patients will regularly use the sunwear styles you've prescribed. Once patients experience the benefit of prescription sunglasses, they tend to continue to purchase them throughout their lifetime.



PROTECTION AND PERFORMANCE

RECOMMENDING PROTECTIVE LENSES FOR CHILDREN

Children are especially vulnerable to eye damage from UV radiation. Research demonstrates that cumulative exposure to UV rays over a lifetime, beginning in childhood, is a significant factor in ocular disease. It is your professional responsibility to recommend the use of protective lenses for all children exposed to the sun:

- Insist on protective lenses that block 100% UVA/UVB radiation.
- Advise parents to seek special impact-resistant polycarbonate lenses with scratch-resistant coatings.
- Stress the importance of fit: sunglasses must feel good and stay in place on small noses.
- Suggest brands favored by athletes, celebrities, and movie stars.
- Encourage parents to set an example by making quality sunglasses part of a family's regular routine.



MAXIMIZING YOUR MERCHANDISING POTENTIAL

Professionally designed and properly placed merchandising materials, together with appropriately displayed products, can go a long way in identifying you as a fashion sunwear professional. From dazzling your patients with designer logos and beautiful displays, to intriguing them with counter cards and posters, effective presentation delivers the magic that can increase sunwear sales:

- **Building Big Brand Excitement:** Designer and brand name logos and displays positioned at high visibility locations quickly identify your practice as the place to go for the world's leading designer sunwear.
- **Inspiring inquiries into new services and products:** Educational and informative signage motivates patients to inquire about the importance of protective sunwear, new styles or recent innovations in frame or lens design.
- **Encouraging more high-end impulse purchases:** Exciting, unexpected sunwear presentations and special promotional signage and posters encourage profit-enhancing impulse purchases.
- **Creating instant image recognition:** By prominently displaying posters and counter cards featuring the same images seen by your patients every day in national advertising campaigns, you are bringing an important brand's exciting message back into your practice, turning all that consumer visibility into profitable patient sales.



MAKE YOUR PRACTICE THE LEADING SOURCE OF FASHION SUNWEAR

Designer and brand name sunwear are big fashion news. Sunwear offers patients an affordable means of owning a leading fashion brand for all to see. By making a relatively small investment, your patients can now have an impressive accessory from a fashion house they love.

You and your staff can show your fashion savvy, and position your practice as the place to go for the latest and greatest in sunwear, by staying on top of these leading fashion trends:

Bold and Beautiful.

Just when we thought sunglasses couldn't get any bigger, they seem to have reached even greater proportions. Big, bold designs lead the way in head-turning fashion and fit flawlessly into today's exciting glamour trend.

Shown at right: Vogue 2370B



It's All In the Details.

Embellishments like shimmering stones, pearls, and lacquer temple designs make frames a standout this season. And for the name-dropper, the unique use of logos offers big brand excitement.

Shown at right: Ferragamo 1103B



Fashion Combines With Function.

More than ever before, today's male and female consumers want eyewear that is performance oriented as well as fashionable. Polarized and photochromic lenses, Hytrel temple tips, cable temples, spring hinges and much more are now a part of the latest new sunwear designs. Shown below: Revo 3049



Color Takes Center Stage.

Saturated, rich color in hues ranging from turquoise, coral and melon to purple and pink are at the center of the color palette. Metals are rich, too, with gold and bronze tones adding depth to many sophisticated new styles.

Shown here: Versace 4049



Sun and Sport.

Wrap looks combining fashion with sports-inspired design continue to be strong. These unisex looks are perfect for the urban or outdoor adventurer.

Shown at left: Ray-Ban 3218



Clean Sophistication.

Whether it's a 3-piece drill mount or a nylon rimless, minimalistic designs that are classic yet contemporary are here to stay.

Shown here: Adrienne Vittadini 3007S

Patients consider sunwear a year-round necessity ... a vital protection from the sun's harmful rays, any time of the year. Those progressive practitioners who have made fashionable, high quality sunwear a vital and important part of their practice, consider it a year-round business that continually translates to greater volume and increased profits for their practice.

LUXOTTICA

This educational advertorial was provided by the Luxottica Group. Founded in 1961, Luxottica Group is the world leader in the design, manufacture and marketing of quality eyewear and sunwear. Luxottica features 22 designer and brand name collections, E-Z Frame Practice Management Software and EyeMed Managed Vision Care.

ADRIENNE VITTADINI



ANNE KLEIN



BVLGARI



CHANEL

DONNA KARAN EYEWEAR

DKNY



MIU MIU

MOSCHINO OCCHIALI

PRADA



REVO

Sferoflex



VOGUE

VERSACE

VERSUS

Security, from page 3

penalties in the event a health care provider cannot document compliance with the regulation.

The HIPAA Security Regulation is distinct from the HIPAA Privacy Regulation and the Medicare Compliance Plans, recommended for health practices by the Office of Inspector General of the U.S. Department of Health and Human Services, DuChateau emphasized.

While some steps required under the HIPAA Security Regulation may overlap those required under the HIPAA Privacy Regulation, compliance with one regulation does not imply a practitioner is in compliance with the other, DuChateau said.

"For example, even if your practice secured Business Associate Agreements from any applicable trading partners, documenting compliance with the HIPAA Privacy Regulation, most practices that use electronic health data will now have to obtain new Business Associate Agreements documenting that any trading partners who have access to the practice's electronic health information will protect that data in line with the HIPAA Security Regulation," DuChateau said.

The HIPAA Security Regulation requires health care providers to meet standards for administrative, physical, and technical measures taken to protect the confidentiality, integrity, and accessibility of the electronic protected health information in their practices.

The regulation outlines 18 standards and a total of 36 implementation specifications to help health care providers address exactly what needs to be

done to meet those standards.

Because information technology and the threats to that technology are constantly evolving, the HIPAA Security Regulation is not highly specific.

To help ensure the best protection available in each covered health entity, as well as to make the regulation less onerous, the HIPAA Security Regulation is somewhat ambiguous, allowing health care providers to take appropriate measures to protect against reasonably anticipatable threats to the electronic data in their practices.

The regulation is designed to be flexible and scalable to the size of the practice, according to CMS. The regulation was written to cover a full spectrum of health care providers, from the largest hospitals and health systems to individual health care practitioners. Small health care practices with perhaps one practitioner and a minimal office staff are among the smallest entities covered under the regulation.

HIPAA teleconferences, PowerPoint® presentations available from CMS

The latest in a series of teleconferences on compliance with the Health Insurance Portability and Accountability Act (HIPAA) Security Regulation, sponsored by U.S. Centers for Medicare and Medicaid Services (CMS) Regions IV and VI, are intended to help health care providers understand how to achieve the ongoing compliance required under the regulation.

Presented by The Southern Healthcare Administrative Regional Process (SHARP), scheduled teleconferences include:

❖ **HIPAA Security Maintenance** (May 11) will provide tips on how to keep HIPAA Security Plans up-to-date after the April 20 compliance date (conference ID number 4880444).

❖ **Are We There Yet? Auditing Your HIPAA Security Program** (May 25) will guide covered entities in measuring and verifying their HIPAA Security compliance on an ongoing basis (conference ID 4978453).

The teleconferences are offered free of charge.

All conferences are scheduled from 1 p.m. to 2 p.m.

Health care providers can take part by calling (877) 203-0044, about 15 minutes prior to the scheduled start times.

PowerPoint® presentations for each of the teleconferences can be found on-line at www.sharpworkgroup.com.

The regulation is technology neutral, requiring no specific brands or types of technology.

CMS spokespersons emphasize that health care providers, covered under the HIPAA

Security Regulation, must be able to document the steps taken to comply with the regulation.

The AOA HIPAA Security Regulation Compliance Manual is designed to provide such documentation.

The AOA Office of Counsel encourages all practices that utilize electronic health care information to take reasonable and appropriate steps to comply with all of the HIPAA Security Regulation standards and specifications by this month's deadline.

CMS emphasizes that compliance with the HIPAA Security Regulation is an ongoing process with periodic security reviews, updates of security measures and ongoing training required (see related article, above).

AOA HIPAA Security manual free online

To assist optometrists in complying with the regulation, the AOA Office of Counsel and AOA Communications Group have prepared the AOA HIPAA Security Regulation Compliance Manual, outlining a step-by-step approach to compliance with the regulation's standards and specifications. Model policies and procedures are included. The manual is available to AOA members for downloading free-of-charge through the AOA Web site (www.aoa.org) as a member benefit. Print copies are available for \$30 through the AOA Order Department.

As this issue of the AOA News went to press, 1,624 copies of the AOA HIPAA Security Regulation Compliance Manual had been downloaded through the Web site.



Advanced Medical Optics, Inc.

Alcon Laboratories, Inc.

Allergan

Bausch & Lomb

CIBA Vision Corporation

CooperVision

Essilor of America, Inc.

HOYA

Luxottica Group

Marchon Eyewear, Inc.

Signet Armorlite, Inc.

TLC Vision Corporation

Transitions Optical

Vision Service Plan

VisionWeb

Vistakon

Industry Profile: CooperVision

The Cooper Companies, Inc. (NYSE: COO) is a rapidly growing, specialty medical products company serving the vision care and women's healthcare markets with high-quality products and services through its CooperVision and CooperSurgical units.

CooperVision (CVI) markets a broad range of contact lenses to treat both common and more complicated visual defects. On Jan. 6, 2005, Cooper acquired contact lens manufacturer Ocular Sciences, Inc., making CooperVision the world's third largest contact lens manufacturer. Cooper Companies was ranked 28th on *Forbes* list of 200 Best Small Companies for 2004.

While Ocular Sciences brings CooperVision an enhanced presence in lenses that correct routine visual defects, the combined company remains particularly strong in the rapidly growing specialty lens segments of the market: toric lenses, cosmetic lenses, lenses for patients who experience dry eye, long-term extended wear lenses, and multifocal lenses for presbyopia.

Combined with Ocular Sciences, CooperVision can now offer patients and practitioners different brands of spherical and specialty lenses for all replacement regimens, including daily, weekly, monthly, quarterly and annual replacement products, and extended wear lenses that may be worn continuously for up to seven days. Made to order lenses are also available for patients with complex prescriptions, many as disposable.

CooperVision has the most respected brands and most advanced lenses in the industry, including:

- ❖ Ocular's Biomedics 55 Premier aspheric lens, which is the world's first disposable aspheric contact lens that corrects for spherical aberration in both the lens and the patient's eye, resulting in sharper, crisper vision for contact lens wearers.
- ❖ Proclear lenses which continue to deliver unmatched all day comfort.
- ❖ And our line of Multifocal lenses for the correction of presbyopia — the "Total Multifocal Solution" that uses the patented "Balanced Progressive Technology" lens fitting system — which includes Proclear Multifocal, UltraVue 2000 Multifocal, UltraVue 2000 Multifocal Toric and UltraVue 2000 Multifocal Options. Coupled with CVI's existing multifocal product, Frequency 55 Multifocal, these product offerings provide an almost limitless range of power and base curve options for presbyopic patients.

Over the next several years, CVI plans to introduce a disposable silicone hydrogel lens, a lens that can be worn continuously for 30 days, a toric multifocal disposable lens and a next generation cosmetic lens. With the acquisition, Cooper will incorporate Ocular's patented Gen II cast molding process into its spherical lens manufacturing. This process yields consistently reproduced lenses that offer enhanced shape retention and superior handling characteristics.

For more information, please visit our Web site at www.coopervision.com or www.coopervisionosi.com.

Industry Profile is a regular feature in AOA News allowing members of the Ophthalmic Council to express themselves on issues and products they consider important to the members of AOA.

Shamir Insight enhances product

Shamir Insight recreates "perfect vision again" with its enhanced monomer (MR-10) and new Titan hardcoat scratch coating.

Available since February, Shamir Insight's Genesis Hi-Index SuperLite 1.67 MR-10 with Titan Hardcoat is the "ideal lens for drill mounts and higher prescriptions correction."

Shamir says the advancement in hardcoat application and treatment in Titan Hardcoat provides eye care professionals with state-of-the-art technology and scratch resistant protection. The Genesis Superlite 1.67 and The Genesis Superlite 1.67 Transitions V.

Shamir's lightweight MR-10 material offers laboratories and eye care professionals a stronger, clearer, progressive lens option that is ideal for drill mounts. With the popularity of rimless frames today, this new material stands up to everyday use. Plus with Shamir Genesis Superlite 1.67 with MR-10, patients receive a thin, cosmetically pleasing lens, even with a high prescription.

Shamir says the flexural strength of Shamir Genesis Superlite 1.67 with MR-10 is about two times stronger than polycarbonate, its tensile strength about 50 percent stronger than polycarbonate, and it is 20 percent thinner than polycarbonate.

Using Shamir's patented Eye-Point Technology, Shamir Genesis recreates perfect vision at every angle of vision, in each optical zone and every prescription angle, said Shamir.

Visit www.shamirlens.com.

AMO gets FDA approval for lens

Advanced Medical Optics, Inc. has added to its portfolio of refractive intraocular lenses (IOLs) with the announcement that the U.S. Food and Drug Administration (FDA) has approved the ReZoom™ multifocal refractive IOL for cataract patients.

The ReZoom™ IOL is a new design and next generation acrylic three-piece multifocal IOL.

The ReZoom™ IOL Balanced View Optics™ distribute light over five optical zones for enhanced restoration of visual function, providing distance, intermediate and near vision for reduced spectacle dependence.

This allows the lens to match its performance characteristics with the lifestyle demands of the patient.

"The ReZoom™ multifocal lens adds to our portfolio of refractive IOLs that already includes innovative technologies such as the Verisyse™ phakic IOL and the Tecnis™ Multifocal lens, which is currently being evaluated in a clinical trial in the U.S.," said AMO President and CEO Jim Mazzo.

"With our expansive portfolio of refractive IOLs, AMO's strategy is to lead in building the burgeoning global refractive marketplace."

Both the ReZoom™ and Tecnis™ Multifocal IOLs have CE Mark approval in Europe for treatment of presbyopia.

Visit www.amo-inc.com.

Industry News



VisionWeb, OOGP partner

VisionWeb and OOGP, one of the largest ophthalmic buying groups and authorized distributors of eye care products in the country, have entered into an agreement to integrate OOGP buying group billing services and their large soft contact lens inventory as an authorized distributor for the major manufacturers.

OOGP buying group members will be able to place online orders of their spectacle lenses through VisionWeb to their optical laboratories, while maintaining their buying group benefits through OOGP.

Other buying group vendor partners will be made available as permitted. The two companies plan to launch the contact lens ordering option by mid-year, once technical integration is complete for a seamless transaction.

"This is great news for VisionWeb members, many of whom are loyal OOGP members," said Jeff Saddington, president and chief executive officer for VisionWeb. "The addition of OOGP is representative of our commitment to providing easy online access for eye care providers to order more accurately and efficiently."

OOGP is one of the nation's largest authorized distributors, servicing thousands of customers nationwide. OOGP's soft contact lens distributorship will greatly expand VisionWeb's offerings while providing customers another way to conduct their business and order products from OOGP.

"Our goal is to provide the best service and the best products to our customers," emphasized Kenji Hamada, O.D., president of OOGP. "That means allowing our customers to reach us in the way that is most convenient for them. VisionWeb is part of our strategy to provide unparalleled service to our customers."

Dr. Hamada noted that orders may still be placed online at www.oogp.com as well.

In addition, Optical Distributor Group (ODG) recently joined the extensive list of VisionWeb suppliers that include more than 145 optical laboratories, frame manufacturers, and contact lens providers.



Costa Del Mar has unveiled a new line of rimless prescription sunglasses for the water enthusiast. The Magma, Lava, Cinder, Lash, Thresher, and Draft come with easily adjustable temples, advanced metal and hinge systems, and nose pads and temple-tip materials that stay put even when wet. The Thresher (shown) features wire core temples encased in megol with a signature water mark design.

Visit www.costadelmar.com.



Kevin Bligh, senior vice president of sales and marketing for Optical Connection Inc., describes the design of WaveTouchProcess frequent replacement plan contact lenses at a press conference during International Vision Expo East last month. The lenses are intended to capitalize on the advances in aberrometry to create custom contact lenses. www.opticalconnection.com.

J&J rounds out Definity products

The Spectacle Lens Group of Johnson & Johnson Vision Care, Inc. recently announced that Definity Progressive Lenses will be available in a polarized option, providing presbyopes with enhanced vision for their active lifestyles.

Made with NuPolar® technology from Younger Optics, polarized DefinityLenses will help to minimize glare while maximizing comfort.

Definity polarized lenses in 1.50 lens material has been available first in gray, since March 1, and brown soon. Both will provide ultraviolet (UV) and glare protection.

Polarized DefinityLenses will feature a prescription range of +4.00 D to -10.00 D in sphere and up to a -4.00 D in cylinder.

"Because protection from the sun's harmful rays is so important for healthy vision, we are proud to offer patients all of the latest available forms of UV protection in Definity Lenses," said Venki Iyer, product manager, The Spectacle Lens Group.

This expanded availability will allow presbyopes to see more clearly with the widest intermediate zone of any progressive lens on the market and provide protection against vision-impairing glare.

The polarized offering will complete the full range of DefinityLens sunwear products, which includes availability in the latest photochromic technology from Transitions Optical, Inc.—Transitions® V Lenses with ESP™ in polycarbonate—and a variety of sun tints.

DefinityLenses in polarized form will be available to eye care professionals directly from The Spectacle Lens Group's state-of-the-art manufacturing facility, through online ordering services—Eyefinity and VisionWeb, and through two new wholesale lab partners—Luzerne Optical Laboratories and Robertson Optical Laboratories.

Visit www.definity.com.



Calendar

April

13TH ANNUAL SUNCOAST SEMINAR April 30 - May 1, 2005 Hilton Clearwater Beach Resort sponsored by Pinellas Optometric Association (local affiliate society of the Florida Optometric Association) Philip G. Currey, O.D. (727) 442-5504 ldoc1@aol.com

May

ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY ANNUAL MEETING - Global Networking May 1-5, 2005 Ft. Lauderdale, FL 240/ 221-2900 arvo@arvo.org fax: 240/ 221-0370 www.arvo.org/AM/

UNESCO FORUM ON CENTRAL AMERICA 2005: IMPROVING ACCESS TO VISUAL HEALTH THROUGH COOPERATION Nova Southeastern University, Ft. Lauderdale: Saturday May 7th, 9 a.m. to 4 p.m. (immediately following ARVO), free Janet L. Leasher, O.D., M.P.H. (954) 262-1488 Fax: (954) 262-1818 leasher@nsu.nova.edu

MIDO 2005 May 6-8, 2005 j.albertoni@mido.it http://www.mido.com

MONTANA OPTOMETRIC ASSOCIATION ANNUAL EDUCATIONAL CONFERENCE & EXPOSITION May 11-14, 2005 Holiday Inn, Bozeman Montana Sue A. Weingartner 406/ 443-1160 suew@mteyes.com fax: 406/ 443-4614 http://www.mteyes.com

MIDWEST VISION CONGRESS & EXPOSITION (North Central States Optometric Council) May 12-15, 2005, Donald Stephens Convention Center, Rosemont, IL. Contact Andrea Tencza, 800-677-2115, www.midwest-visioncongress.com.

73rd Annual Conference on Light and Vision. College of Syntonic Optometry, May 12-15, Inn and Spa at Loretto, Santa Fe, NM. Cathy Stern, O.D., 781-575-0057, success@myvisiondoc.com

NEW MEXICO OPTOMETRIC ASSOCIATION ANNUAL CONVENTION May 13-15, 2005 Richard Montoya 505/ 751-7242 fleece@laplaza.org fax: 505/ 751-7243

MOUNTAIN WEST COUNCIL OF OPTOMETRISTS MWCO May 19-22, 2005 Bellagio Hotel, Las Vegas, 888/ 376-6926 Special room rate reserved at the Bellagio - Call 888/ 987-8686 http://www.mwco.org

9TH ANNUAL CLINICAL EYE CARE CONFERENCE & ALUMNI WEEKEND NOVA'S GREATEST HITS: Volumes 1 & 2 May 20-22, 2005 Ft. Lauderdale, FL Contact: Shakara Rosenbaum (954) 262-4224 ocoe@nsu.nova.edu http://optometry.nova.edu/ce

RHODE ISLAND OPTOMETRIC ASSOCIATION 102TH ANNIVERSARY CELEBRATION, May 21-22, historic Viking Hotel in scenic Newport. Golf tournament, black tie (optional) gala, sailing, and traditional New England clam bake. Contact Tim Bonin, (800) 491-7550 (in-state) or (401) 949-0433, FAX: (401) 949-0534, tbonin_rioa@earthlink.net, www.RIOA.org.

June

ANNUAL MEETING OREGON OPTOMETRIC PHYSICIANS ASSOCIATION Wayne Schumacher 503/ 654-5036 or 800-922-2045 FAX 503/ 659-4189 oopa@assomgt.com oregonoptometry.org June 2-4, 2005 Salishan Lodge & Golf Resort Glenden Beach, OR

UTAH OPTOMETRIC ASSOCIATION ANNUAL CONVENTION Clive E Watson, E.D. 801/364-9103 801/364-9613 Fax uoa@xmission.com www.utaheyedoc.org June 2-5, 2005 The Canyons Resort, Park City Utah

ANNUAL CONVENTION OPTOMETRY ASSOCIATION OF LOUISIANA Teche' Doyle 318/ 335-0675 or 888/ 388-0675 Fax 318/ 335-0677 optla@bellsouth.net June 2-5, 2005 Hyatt Hotel New Orleans, LA

NORTH CAROLINA OPTOMETRIC ASSOCIATION Sue Gardner 252/ 237-6197

Fax 252/ 237-9233 nceyecare@aol.com www.wvoa.com June 3-5, Embassy Suites Myrtle Beach, SC

ANNUAL OCULAR DISEASE UPDATE NORTHEASTERN STATE UNIVERSITY COLLEGE OF OPTOMETRY Lisa McCormick 918/ 456-5511 x4033 Fax 918/ 458-2104 mccormil@nsuok.edu http://arapaho.nsuok.edu/optometry June 3-5, 2005 Branson, MO

SUNDAY CE PROGRAM MARYLAND OPTOMETRIC ASSOCIATION Megan Holmes 410/ 752-3318 410/ 752-8295 FAX moa@assnhqtrs.com www.marylandeyes.com June 5, 2005 BWI Marriott

MIDDLE ATLANTIC CONTINUING EDUCATION CONFERENCE AND ANNUAL CONVENTION: VIRGINIA OPTOMETRIC ASSOCIATION June 9-12 Williamsburg Marriott, Williamsburg VA Bruce B Keeney, Sr. 804/ 643-0309 804/ 643-0311 VOAEyeDocs@aol.com www.voaeyedocs.org

20TH JOINT CONFERENCE ON THEORETICAL AND CLINICAL OPTOMETRY, "The Role of Development and Optometry in the Human Genome: Are Genes all that Matter?" Sally Corngold 949/ 250-8070 smcorngold@oep.org www.oep.org June 9-13, 2005 Pacific University

SUMMER CONFERENCE MAINE OPTOMETRIC ASSOCIATION 207/ 626-9920 207/ 626-9935 FAX MOA.Office@MaineEyeDoctors.com www.MaineEyeDoctors.com June 10-12, 2005 Atlantic Oakes Resort, Bar Harbor, Maine

SUMMER CONFERENCE ALASKA OPTOMETRIC ASSOCIATION Lauren Caraghar 907/ 770-3777 or 877/ 693-2562 907/ 272-7532 FAX akooa@alaska.com www.akooa.com/education.dbm June 10-13, 2005 Alyeska Prince Hotel and Resort; Girdwood, Alaska

LEADERSHIP RETREAT MISSOURI OPTOMETRIC ASSOCIATION Zoe Lyle 573/ 635-6151 573/ 635-7989 FAX moopt@socket.net www.moeyecare.org June 10-12, 2005 Country Club Hotel, Lake Ozark, MO

CONTACT LENS PROGRAM SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY Susan Atkinson, 714/ 449-7442 714/ 992-7809 FAX satkinson@scco.edu www.scco.edu June 12, 2005 Southern California College of Optometry

COMPREHENSIVE CLINICAL LOW VISION CARE LIGHTHOUSE INTERNATIONAL Cathy Czeto OD 212/ 821-9487 212/ 821-9705 FAX cczeto@lighthouse.org www.lighthouse.org/ce June 14-16, 2005 Lighthouse International, 111 East 59th St., NY, NY 10022

OPTOMETRY'S MEETING AMERICAN OPTOMETRIC ASSOCIATION Meetings Department 243 N Lindbergh Blvd., St. Louis, Missouri 63141 314/ 991-4100 x214, 254, 251, 256 or 255 Fax 314/ 991-4101 www.optometrysmeeting.org 200 hours of Continuing Education June 22-26, 2005 Dallas, TX

July

AEA CRUISE SEMINARS Sponsors: Illinois Optometric Association, Chicago Northside Optometric Society, Advanced Eye care Associates Gulf of Alaska July 2-9, 2005 Island Princess: Vancouver, Ketchikan, Juneau, Skagway, Glacier Bay, College Fjord, Whittier (Anchorage) Dr. Mark Rosanova, President 888/ 638-6009

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selling, and wireless technology interception, — all of which promise to become greater issues in health care, she adds. "Theft of patient information is (already) big business and becoming even bigger."

Technological Disparity

Implementation of the EHR system will be further complicated by "a significant disparity" in computer technology expertise among health care practitioners.

While most health care practitioners are not particularly computer-savvy, some already have the technological know-how to implement a complete EHR system in a practice, Dr. Miller acknowledges. As a result, EHRs will be implemented much more readily in some practices than others, Dr. Miller said.

Small practices, with perhaps only one practitioner, are often the last to "come on board" with technological innovations—often because that practitioner is the only person in the practice who can initiate and maintain a new electronic technology.

In addition, solo practitioners or smaller practices are often less likely to utilize current technology due to the significant investment required and the realistic lack of financial return on that investment in day-to-day operations, Dr. Miller maintains.

Because EHRs have the potential to improve patient care, problems implementing the systems in small health practices could mean "widening the gap in patient care between offices that are involved in electronic health record communication and those that are not up to speed in this field," Dr. Miller said.

Dr. Miller predicted some practitioners may actually leave practice as a result of increasing demands placed on their practice by the mandated implementation of new electronic technology.

That, in turn, could mean a reduced choice of practitioners and diminished access to care for patients, she said.

"There is no question that it is of the utmost concern that implementation (of EHRs) be smooth, cost effective, and easily integrated" into the health care practice, Dr. Miller told the subcommittee.

Right now, however, many practitioners do not believe the anticipated transition to

EHRs will meet any of those criteria.

"These are exciting times, but also very daunting and even threatening for the private health care provider," Dr. Miller said.

"It is safe to say that there is both concern and apprehension on the part of my colleagues in optometry."



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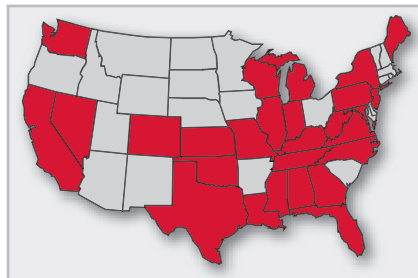
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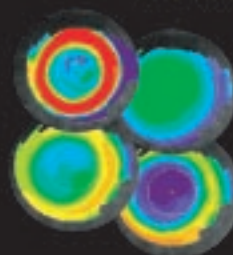
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FLORIDA – Tallahassee area. Excellent opportunity. Established practice stressing comprehensive care. Collects 575K with good profit margin. Free standing building. Great staff. Call Franklin Group Associates, Inc. and ask for Phyllis Franklin, Lic. Real Estate Broker, at 800/465-8605.

IDAHO – North Central. FANTASTIC OPPORTUNITY! North Central Idaho Optical shop located in a resort town available for sale. Asking price is \$85,000. 1x net. Owner wishes

to continue P/T 3 days per week as employee. Plenty of space available for exam lane. This one won't last. For more information call Scott at Practice Concepts at 877/778-2020, or email scotttd@practiceconcepts.com

INDIANA – Indianapolis. Medical/surgical optometric referral center seeking OD with residency training or 2 years disease/post op care experience. Fax CV to 317/921-6614 or contact Jim Hunter, O.D. 317/925-2200.

KANSAS – Wichita. Growing comprehensive vision rehabilitation center in the heart of the mid-west looking for full-time optometrist to join our vision rehabilitation team. Training provided. Competitive salary and benefits. You can learn more about Envision at www.envisionus.com. Reply by fax: 316/263-416 or e-mail: bruce.kater@envisionus.com.

MASSACHUSETTS – Newburyport. P/T OD wanted, beautiful downtown Newburyport. Must have dynamic personality, great clinical skills, TPA certified. Weekdays flexible, one weekend day a must. Contact Ed 978/417-9678, e-mail lea.edm@verizon.net

MISSOURI – Eastern. Two practices – Total Fair Market Value \$300,000.00. Contact practice broker: Richard S. Kattouf, O.D., D.O.S. 800/745-3937.

NEVADA – Northwestern. Close to Reno/Tahoe - great outdoors area! Busy private practice for sale in a growing community just east of Reno. Will consider associate for eventual practice takeover. Full scope optometry, 300K on 3.5 days per week. E-mail: doctormmm@charter.net

NEW MEXICO – Silver City. 34 year practice for sale. Will consider associate. **Net 200K.** Beautiful high desert climate at 6000 feet adjacent to the Gila wilderness hunting and fishing. State university in town. Call after 6 P.M. mountain time. 505/388-1769.

NEW YORK – Tri-State Region. Optometrist needed: Highly capable, full time Optometrist needed by July 2005 or sooner. Practice within 1 hour of New York City. Highly-respected, established practice with large referral base and state-of-the-art equipment. Excellent salary and benefits package. Serious candidates only. Please send CV: jennntse@warwick.net OR fax 570/409-0316.

OHIO – Northeastern. Great location. Population growing. Fair market value \$73,500.00. Contact Practice Broker: Richard S. Kattouf, O.D., D.O.S. 800/745-3937.

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the U.S. for motivated health care professionals seeking to enhance their career and use their talents to provide the highest quality patient care. We offer a competitive salary and benefits package. To become part of our exciting team of health care professionals shaping the laser vision correction industry, please reply to: Human Resources, LCA-Vision Inc. Email: kwessel@lca.com or FAX: 513/792-5626.

PENNSYLVANIA – Central. Solo Practice for Sale. Gross 300-350K, net 120-150K. Prime location in resort area. 4 to 5 days/wk. Lab on site. Trained staff & all good equipment. Dr. has cancer, must sell. Fax: 814/371-7784. E-mail: Kairysod@penn.com

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TEXAS – Arlington, Fort Worth and Mid-Cities. Optometrists wanted. FT/PT. Private Practice. Significant Salary and Benefits. State-of-the-art equipment. Call 214/808-4656 or fax resume to 972/991-4414. All replies strictly confidential.

VIRGINIA – Optometrist Wanted. July 2005 opening in Roanoke, VA for full-time Optometrist in busy, full-scope, multi-location, independently-owned optometric practice. Associateship leading to purchase within 5 years. Must be hard worker able to see large volume of patients. Some nights and Sats. Please e-mail Dr. Miles Newman with CV and availability at newman5150@aol.com

VIRGINIA – Roanoke. Two office practice, full-time associate position. Salary and benefits. Contact Rita 540/989-4114.

WISCONSIN – Madison. Group Health Cooperative, located in Madison, WI, has a full-time opportunity for an optometrist. GHC is a healthcare organization serving approximately 53,000 members throughout Dane County. The optometrist will provide the full scope of optometric care. Qualified candidates must possess licensure and diagnostic pharmaceutical certification. For more information, please call 608/251-4156 ext. 4251 or visit GHC-HMO.com under "Careers."

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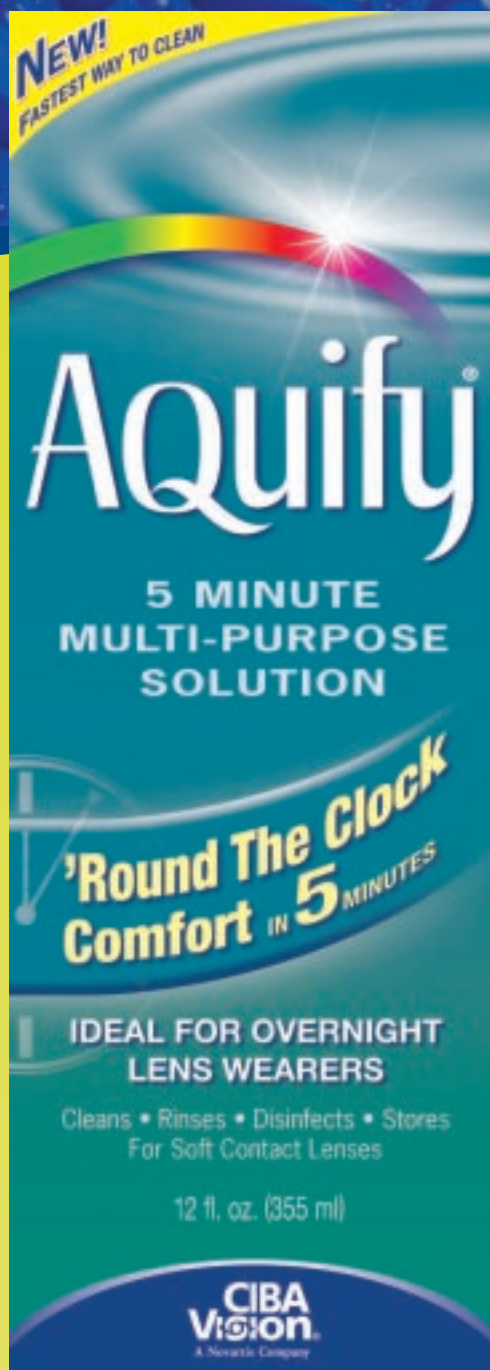


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1 Amos C. A clinical comparison of two soft lens care systems used with silicone hydrogel contact lenses. *Optician*. 2004; 227 (5933): 16-20.

2 Amos C. Performance of a new multi-purpose solution used with silicone hydrogels. *Optician*. 2004; 227 (5945): 18-22.

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